

NEIGHBORHOOD CONNECTIONS

Sample Forms, Surveys & Questionnaires



Date:
Language:
Appointment? Yes No
Waiver? □ Yes □ No
Intake by:

Intake and Pre-Questionnaire (All of your information will be kept confidential)

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Type of initial contact:	□ Walk-in □ Phone	□ Email (attach corresponde	nce)	
First Name:	Last Name:		_ Age: □] M □ F
Phone #:	Alternative #:	E-mail:		
Address, City & Zip Cod	le:			
What ethnic group do yo □ White □ Black/African-A	-	□Mixed Ethnicity □Decline	□ Other	
1. How did you hear abo	out us?			
2. What information are	you seeking?			
3. How familiar are you	with the service you seek?	P □ Not at all □ Somewhat	□ Very	
4. What have you tried?	Who have you called?			
5. When is your preferre	d time and day to contact	you for follow up assistance	e?	
6. Would you refer Neigl	hborhood Connections to	others?		
(Inclu		re Plan rr type of agency information s	shared.)	



Date:
Language:
Follow Up by:

<u>Post- Evaluation Questionnaire</u> (All of your information will be kept confidential)

1. How useful was the information given to you by the Community Resource Specialist? □ Very useful □ Quite useful □ Moderately useful □ Slightly useful □ Not at all
2. Did you receive the assistance you were searching for? Yes No Why or Why not?
3. Has your situation improved since you received assistance through Neighborhood Connections? □ Improved a great deal □ Improved a lot □ Moderately improved □ Slightly improved □ Not at all Why? How?
4. How comfortable did you feel asking for assistance from the Community Resource Specialist? □ Extremely comfortable □ Quite comfortable □ Moderately comfortable □ Slightly comfortable □ Not at all
5. How likely is it that you will refer someone to Neighborhood Connections at Azusa City Library? □ Extremely likely □ Very likely □ Somewhat likely □ Slightly likely □ Not at all
5. Overall, how satisfied with the Neighborhood Connections information and resource service provided to you?
□ Extremely satisfied □ Quite satisfied □ Neither satisfied nor dissatisfied □ Somewhat dissatisfied □ Extremely dissatisfied
6. Do you have any other comments or questions?

7. Did you want a follow up appointment?

Yes

No Appointment date:



Name		
Address		
City	State	Zip
Contact Phone		

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of being allowed to participate in **Neighborhood Connections**, the undersigned acknowledges, appreciates and agrees that:

- 1. The information shared with a Community Resource Specialist is private and confidential. Information shared is only used for data collection purposes for the Neighborhood Connections program. No information collected will be shared with third parties.
- 2. The Neighborhood Connections program is an information and referral service and is in no way connected and/or profits from any of the agencies and/or services suggested by a Community Resource Specialist.
- 3. I knowingly and freely share my information with a Community Resource Specialist and assume full responsibility for my participation in the Neighborhood Connections program.
- 4. I willingly agree to comply with any rules and regulations of this activity, including the Patron Conduct Policy of the Azusa City Library. If however, I observe any unusual significant hazard in participation, I will bring such hazard to the attention of the nearest city official immediately.
- 5. I, for myself, and on behalf of my heirs, assigns, personal representatives and next-of –kin, hereby release and hold harmless the City of Azusa, their members, managers, officers and employees, from any and all liability, claims, demands, or causes of action of any nature, whether known or unknown, for any harm, loss, damage, injury, disability or death, due to negligence or any other cause, resulting from, arising out of, or in any way related to the City of Azusa, its employees, facilities, equipment, or any other connection to the City of Azusa. I agree to indemnify, hold harmless, and discharge forever the City of Azusa, its affiliates and successors, partners, employees, and agents, for any injury, damage, or loss, to the Participant or property.



Nombre		
Domicilio		
Ciudad	Estado	Código Postal
Número de Teléfono		

EXENCIÓN DE RESPONSABILIDAD Y ASUNCIÓN DE RIESGO

En consideración de que se le permita participar en Conexiones del Barrio, el firmante reconoce, aprecia y acepta que:

- La información compartida con un Especialista de Recursos en la Comunidad es privada y confidencial. Información compartida es únicamente usada por el propósito de coleccionar datos para el programa de Conexiones en mi Barrio. Ninguna información coleccionada será compartida con terceras partes.
- 2. El programa de Conexiones en mi Barrio es un servicio de información y servicios de referencia y en ningún modo está conectado y/o tiene ganancias de ninguna de las agencias y/o servicios sugeridos por un Especialista de Recursos de la Comunidad.
- 3. Yo conscientemente y libremente comparto mi información con un Especialista de Recursos de la Comunidad y asumo la completa responsabilidad de mi participación en el programa de Conexiones en mi Barrio.
- 4. De buena gana estoy de acuerdo en cumplir con todas las reglas y regulaciones de esta actividad, incluyendo la Póliza de Conducta del Patrón de la Biblioteca de Azusa. Sin embargo, si yo observo cualquier peligro significativo inusual en la participación, yo traeré tal peligro a la atención del oficial más cercano.
- 5. Yo, por mí mismo, y en nombre de mis herederos, sucesores, representantes personales y parientes absuelvo de responsabilidad a la Ciudad de Azusa, sus miembros, directores, funcionarios y empleados, de cualquier y toda responsabilidad, reclamaciones, demandas, o causas de acción de cualquier naturaleza, ya sea conocido o desconocido, por cualquier daño, pérdida, daño, lesión, discapacidad o muerte, debido a la negligencia o cualquier otra causa, como resultado de, que surjan de, o de cualquier manera relacionados con la ciudad de Azusa, sus empleados, las infraestructuras, el equipo, o cualquier otro tipo de conexión a la ciudad de Azusa. Estoy de acuerdo en indemnizar, mantener indemne para siempre la ciudad de Azusa, sus afiliados y sucesores, socios, empleados, y agentes, por cualquier lesión, daño o pérdida, al Participante o propiedad.